









## 捐款鳴謝

### Donor Recognition

捐款金額 Donation Amount ( 港幣 / HK\$)	名牌設計 Nameplate Design	鳴謝安排 Donor Recognition Arrangement	
\$1,000 — \$9,999	不適用 N/A	網上捐款鳴謝 ( 為期最少一年 ) Donor acknowledgement on website (for at least 1 year)	
≥ \$10,000		名牌捐款鳴謝 ( 為期最少三年 )  Donor recognition nameplate inscription (for at least 3 years)	永久網上捐款鳴謝  Permanent donor acknowledgement on website
≥ \$30,000			
≥ \$50,000			
≥ \$70,000			
≥ \$100,000		名牌捐款鳴謝 ( 為期最少五年 )  Donor recognition nameplate inscription (for at least 5 years)	
≥ \$200,000			
≥ \$300,000			
≥ \$400,000			

## 備註 Notes

- 如捐款達指定金額並在閣下的同意下，你的姓名或機構名稱將顯示在精神健康體驗館網站內的捐款鳴謝名單和 / 或館外的牆上，以感謝閣下的慷慨支持。If your generous donation reaches a designated amount and subject to your consent, you or your organisation will be acknowledged on the website's donor list and / or recognised on the donation wall of Mind Space with a nameplate.
- 我們將會與閣下聯絡，以確認名牌的內容及製作事宜。We will contact you for the content and production of nameplate.
- 青山醫院精神健康學院對名牌上擬刻的內容保留最終決定權。The Institute of Mental Health, Castle Peak Hospital reserves the rights to make final decisions regarding nameplate inscriptions.
- 捐款港幣一百元或以上可獲發收據作扣稅用途。A tax-deductible donation receipt will be issued for donations of HK\$100 or above.
- 除特別註明外，收據將按表格上填寫的捐款者姓名或機構名稱發出並郵寄至所述地址。The receipt will be sent to the name and address provided in the form unless otherwise specified.

### 個人資料收集聲明 Personal Information Collection Statement

本表格所收集閣下的個人資料將受到嚴格保密處理，並只會向精神健康體驗館及青山醫院提供，以用作與籌募相關事宜及發出收據。Your personal data collected in this form will be kept strictly confidential and made available only to Mind Space and Castle Peak Hospital (CPH) to use for purposes relating to donation matters and for issuing receipts.

根據《個人資料（私隱）條例》，由於精神健康體驗館及青山醫院擬使用閣下的個人資料（即你的姓名和聯絡資料）進行慈善募捐，我們需先取得閣下的同意，但精神健康體驗館及青山醫院在未得到你的同意之前不會如此使用你的個人資料。Under the Personal Data (Privacy) Ordinance, Mind Space and CPH need to obtain your consent as we intend to use your personal data (i.e. your name and contact data) for solicitation of donations for charitable purposes to Mind Space and CPH but will not so use your personal data unless your consent is received.

#### 使用個人資料作籌募推廣 Use of Personal Data for Solicitation of Donations

如閣下願意繼續支持精神健康體驗館及青山醫院的慈善工作，並同意我們使用你的個人資料為精神健康體驗館及青山醫院進行慈善募捐，請於丙部適當空格內填上剔號。Please tick the appropriate box under Part C if you agree to support the charity work of Mind Space and CPH and the use of your personal data for solicitation of donations to Mind Space and CPH.

你有權隨時查閱和更正精神健康體驗館及青山醫院持有關於你的個人資料。如要行使上述權利或不欲再收到精神健康體驗館及青山醫院有關慈善募捐的推廣資訊，請致電 2456 7111 或電郵至 cph\_enquiry@ha.org.hk。You have rights of access and correction with respect to your personal data held by Mind Space and CPH. If you wish to exercise these rights or you do not wish to receive any promotional materials on solicitation for donations to Mind Space and CPH afterwards, please contact 2456 7111 or by email cph\_enquiry@ha.org.hk.

# 精神健康體驗館

MIND SPACE

## 捐款表格 DONATION FORM

精神健康體驗館由青山醫院精神健康學院成立，其運作和未來發展實在有賴大眾的熱心捐助。我們需要閣下的慷慨支持，以實踐長遠目標和計劃，推動本港市民的精神健康。請踴躍捐款支持精神健康學院的工作！

Mind Space was established by the Institute of Mental Health (IMH), Castle Peak Hospital. Its operation and future development rely on funding from the public. Your generosity and support to the IMH are crucial to our long-term plans in promoting mental health in Hong Kong.

遞交表格方法 Means of Submission

請閣下填妥本捐款表格，連同劃線支票或銀行存款收據正本郵寄至「新界屯門青松觀路15號青山醫院明心樓一樓總務部」。如欲以信用卡捐款，請將表格傳真至 ( 852 ) 2455 9330，或電郵至 cph\_enquiry@ha.org.hk。

Please complete and submit this donation form together with a crossed cheque or an original copy of the deposit slip by mail to "General Registry, Castle Peak Hospital, 15 Tsing Chung Koon Road, Tuen Mun, New Territories". For donations by credit card, the form can be faxed to ( 852 ) 2455 9330 or emailed to cph\_enquiry@ha.org.hk.

如欲查詢更多詳情，歡迎與我們聯絡。  
Please feel free to contact us for further enquiries.

電話 Phone：( 852 ) 2456 7111  
傳真 Fax：( 852 ) 2455 9330  
電郵 Email：cph\_enquiry@ha.org.hk  
網站 Website：www.mindspace.org.hk

甲部 捐款金額 Part A: Donation Amount

( 請在適當的方格內填上「✓」號。 Please tick the appropriate boxes. )

本人 / 本機構樂意捐款 I / Our organisation would like to donate

港幣 HK\$\_\_\_\_\_予精神健康體驗館 to Mind Space.

☐ 捐款港幣一千元或以上，若閣下同意，請提供捐款鳴謝所展示的名稱：

For donations of HK\$1,000 or above, please provide the donor's name to be displayed on the website / nameplate if you consent to be acknowledged：

☐ 本人 / 本機構不欲任何捐款鳴謝。

I / Our organisation do(es) not wish to be acknowledged in any format.

請參閱本表格背頁，以了解有關捐款鳴謝的安排。

Please refer to the arrangement of donor recognition overleaf.

乙部 捐款者資料 Part B: Donor Particulars

1) ☐ 個人捐款 Personal Donation — 捐款者姓名 Name：

\_\_\_\_\_ 先生 Mr/ 女士 Ms/ 太太 Mrs

☐ 機構捐款 Organisation Donation — 機構名稱 Organisation Name：

\_\_\_\_\_

機構聯絡人 Organisation Contact Person：

\_\_\_\_\_ 先生 Mr/ 女士 Ms/ 太太 Mrs

職銜 Position：\_\_\_\_\_

2) 地址 Address：\_\_\_\_\_

\_\_\_\_\_

3) 電話 Phone：\_\_\_\_\_ 傳真 Fax：\_\_\_\_\_

4) 電郵 Email：\_\_\_\_\_

丙部 捐款途徑 Part C: Donation Methods



1) ☐ 劃線支票 Crossed Cheque ( 抬頭請寫「醫院管理局 — 青山醫院」 Payable to "Hospital Authority – Castle Peak Hospital" )

支票號碼 Cheque No.：\_\_\_\_\_

發出銀行 Issuing Bank：\_\_\_\_\_

2) ☐ 銀行直接存款 Direct Bank Deposit ( 請將款項存入青山醫院銀行帳戶 Please make donations to the bank account of Castle Peak Hospital )

恒生銀行 Hang Seng Bank: 024-267-308641-668

3) ☐ 信用卡 Credit Card ( ☐  / ☐  )

持卡人姓名 Name of Cardholder：\_\_\_\_\_

信用卡號碼 Credit Card No.：\_\_\_\_\_

有效日期至 Expiry Date：\_\_\_\_\_月 MM / \_\_\_\_\_年 YY

持卡人簽署 Signature of Cardholder：\_\_\_\_\_

☐ 本人已閱讀並明白本表格背頁的細節事項。

I have read and understood the notes stated overleaf.

☐ 本人已參閱背頁的個人資料收集聲明，並同意本人的個人資料可用作所述用途。

I have read the personal information collection statement overleaf, and agree to the use of my personal data for such purpose.

簽署 / 機構印鑑 Signature / Organisation Stamp：\_\_\_\_\_ 日期 Date：\_\_\_\_\_

\_\_\_\_\_